

216017988  
96364

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 108	Agency Case No. B6-038257	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/04/2016		TIME OF ACCIDENT 0030	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0034	05/04/2016		
B	60	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. Parking lot of 4400 S 33RD CT			PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LATITUDE	
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		X FEET <input type="checkbox"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
		235.00		X East curb of S 33rd St.			
V1/M	20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
F	1	VEHICLE NO. 1					
		DRIVER LICENSE NO.	UNKNOWN		STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N	1	DRIVER		PHONE	LOCAL NO.		
V2/N	1	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
G	2	OWNER		PHONE	LOCAL NO.		
		Unknown, Unknown,		Unknown			
		OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
H	5	LICENSE PLATE NO.	Unknown		YEAR (Plate Expires)	STATE (Of Plate)	
V1/O	5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	
V2/O	2	Unknown	Unknown	Pickup truck	white	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$	
		VEHICLE ID NO. (VIN)	Unknown		INSURANCE COMPANY		
		TOWED TO	TOWED BY		POLICY NO.		
		Unknown	Unknown		Unknown		
I	7	VEHICLE NO. 2					
		DRIVER LICENSE NO.			STATE (Of License)	SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/P	8	DRIVER		PHONE	LOCAL NO.		
V2/P	1	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
J	12	OWNER		PHONE	LOCAL NO.		
		ALAN BRUNS		4024231819	5-3-1969		
		OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
		6500 SW 36th Ct., Lincoln, NE 68523					
V1/Q	4	LICENSE PLATE PA NO.	RRE563		YEAR (Plate Expires)	STATE (Of Plate)	
V2/Q	4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	
		2004	Pontiac	GT	2 door Sedan	black	
		VEHICLE ID NO. (VIN)	1G2NV12E64M620831		INSURANCE COMPANY		
		TOWED TO	TOWED BY		POLICY NO.		
					7966769		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.	

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B6-038257



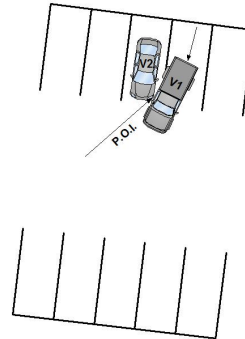
Indicate  
North  
by Arrow



POI 1: 235ft E of E curb of S 33rd St.  
177ft S of S curb of HWY2.

AGL: 1ft- 2ft.

'All measurements are approximate'



Not To Scale

## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Owner of V2 was notified by the witness that an unknown white truck with unknown plates had collided with his car while it was parked in Russ's Market parking lot. Witness said the truck had stopped for a few seconds after the collision but she was unable to see the driver or how many occupants were in the vehicle. Minor white paint transfer was found on the impact zone. Pictures will be uploaded. Video from Russ's Market will be checked for a possible suspect.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Madeline Hanson				ADDRESS
	NAME				ADDRESS
					PHONE 402-405-3180
					PHONE
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1
VEH NO.	N S E W	ROAD OR HIGHWAY NAME			
1	X	Parking lot of 4			
2	X	Parking lot of			
1	05	06 Turning left			
2	10	07 Making U-turn			
		08 Entering traffic lane			
		09 Leaving traffic lane			
		10 Parked			
		11 Slowing or stopped in traffic			
		12 Other			
		13 Unknown			
OFFICER NO. 1754		TROOP/TEAM/BEAT 11	DEPARTMENT Lincoln Police Department		
INVESTIGATOR NAME (Print or Type) Zachary Kliegl		INVESTIGATOR SIGNATURE Approved by Officer Zachary Kliegl			DATE OF REPORT 05/04/2016
					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO